

SECTION A – SERVICES/PRICES SCHEDULE

AIRPLANE RENTAL AGREEMENT

U.S. DEPARTMENT OF THE INTERIOR
National Business Center
Aviation Management
3190 NE Expressway, Suite 110
Atlanta, GA 30341



Flight Coordination Center (FCC) 770-458-2055

Fax 770-458-6677

VENDOR NO.: 80-ARA-

Name and Address:

Telephone No.:

After Hours:

FAX:

E Mail Address:

A1. AIRCRAFT INFORMATION - (This form may be used for multiple airplanes provided the prices and information are the same for each airplane.)

| | | | | |
|---|---|--|---|--|
| FAA Reg. No. | N | | N | |
| | N | | N | |
| Manufacturer and Model: | | | Operations for Which Approved: <input type="checkbox"/> VFR <input type="checkbox"/> IFR | |
| Passenger Seats Insured (exclude pilot): | | | Single Pilot IFR in Accordance with FAR 135 (multiengine): <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Vendor's Base of Operations: | | | Additionally Certified Under Part 121, 125 or 141 <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Special Equipment: <input type="checkbox"/> Cargo Doors <input type="checkbox"/> Long Range Fuel Tank <input type="checkbox"/> FM Programmable Radio (Narrow/Wide Band) <input type="checkbox"/> GPS <input type="checkbox"/> Intercom <input type="checkbox"/> Amphibious Floats <input type="checkbox"/> Floats <input type="checkbox"/> Skis <input type="checkbox"/> Camera Port <input type="checkbox"/> FLIR <input type="checkbox"/> Other | | | | |

A2. RATES - PAYMENT COMPUTED IN ACCORDANCE WITH OAS-12

| | | | | |
|---|----------------------|----------------------|----------------------------|--------------------------|
| (1) Rate Per Flight Hour | WET WITH PILOT \$ | DRY WITH PILOT \$ | *WET WITHOUT PILOT \$ | *DRY WITHOUT PILOT \$ |
| (2) Fuel Cost Used In Computing Wet Rates Offered Above:\$ Per Gallon | | | Fuel Consumption Rate: GPH | |
| (3) Standby Rate Per Hour for Pilot: | | | \$ | |
| (4) Additional Amount Per Flight Hour When Copilot is Requested | | | \$ | |
| (5) Air Tactical Aircraft ONLY (for periods of hire in excess of 24 hours) Minimum Flight Hours per day | | | HOURS | |
| (6) Subsistence allowance for remaining overnight (RON) per authorized crew member. Allowance paid per Federal Travel Regulations found at http://www.gsa.gov (refer to paragraph C8.4.1). | | | | |

* **WITHOUT PILOT** Evidence of hull insurance to cover government pilots is required. (Clause C3.3) Contact Flight Coordination Center.

A3. TERMS AND CONDITIONS - The vendor agrees to perform services in accordance with the terms and conditions of this Aircraft Rental Agreement which includes form OAS-12, and any applicable supplements which are attached or incorporated herein by reference. This agreement is only applicable to transactions conducted through the DOI Aviation Management. The vendor certifies that the above identified aircraft are under Part 135 and that insurance coverage required under Clause C3.1 is in effect for all listed aircraft.

| | | |
|----------------------------------|--------------------------------|------|
| SIGNATURE OF VENDOR | NAME AND TITLE (Type or Print) | DATE |
| SIGNATURE OF CONTRACTING OFFICER | TITLE (Type or Print) | DATE |